EXHIBIT A

CHILD AND ADOLESCENT PSYCHIATRIC UNIT
SCOPE OF SERVICES

Child and Adolescent Psychiatric Unit Scope of Services

SCOPE: C&A

PURPOSE: To provide psychiatric stabilization, improve or maintain functioning and transition to less restrictive levels of care as soon as appropriate.
DEFINITIONS: None

POLICY: The program serves children and adolescents ages 5-18 (age 4 with a licensing variance). Common disorders include depression, mood/psychotic disorders, eating disorders, substance abuse, suicidal or homicidal ideation, and behavioral disorders unmanageable by home or school.

PROCEDURE:

I. **Hours of operation.** The inpatient unit operates 24 hours a day, 7 days/week, 365 days/year. Partial hospitalization day treatment is operational 6 hours/day, 7 days/week.

II. **Admission Criteria:**

Admission Criteria: As a result of mental illness, one or more of the following must apply:

A. Child displays an immediate serious risk of harm to self
B. Child displays a serious potential of harm to others due to mental illness
C. Child is out of contact with reality (psychotic: paranoid, hallucinating and/or delusional)
D. Child has significant functional impairment in multiple areas secondary to psychiatric condition
E. Bed availability factors determined by the charge nurse can include but are not limited to: gender, acuity, contagions, or ability to be safe with roommate.
F. Regarding medical clearance, the units generally follow the guidelines set out by DBDHS (see attachments). DBHDS guidelines do not supersede any Virginia or Federal law.
G. **Per Va. Code § 32.1-127, effective 7/1/18, a psychiatrist cannot refuse to speak with a referring provider if requested when there is a question regarding the medical stability or medical appropriateness of admission for inpatient psychiatric services **due to results of a toxicology screen.** The referring provider can also request that the accepting psychiatrist speak with a clinical toxicologist or other specialist employed by a poison control center to review the results of the toxicology screen and determine whether a medical reason for refusing admission any refusal to admit to the psychiatric unit related to the results of the toxicology screen exists; the accepting psychiatrist cannot refuse to speak to such a provider.

Admission Considerations:

A. Patients may be voluntary or under Temporary Detention Order.
B. Child must not be impaired or altered by substances when evaluated for the referral
C. At baseline, child must be verbal and/or able to communicate
D. At baseline, child must be able to manage activities of daily living (bathing, toileting, eating and dressing)
E. Medical clearance is required in cases of intoxication, overdose, drug abuse, traumatic injury and self-mutilation, or as requested by admitting provider.
F. For voluntary admissions, legal guardian must provide consent to treatment and ideally participate in treatment and discharge planning.
G. 17-year old's: A 17-year-old patient may be admitted to the Adult Unit if the general clinical criteria is met and one or more of the following criteria are met as determined by the admitting psychiatrist. A variance was obtained from the Department of Behavioral Health.
    1. Is married
    2. Is a high school graduate or dropout
    3. Attends college
    4. Lives independent of parents
    5. Has children. The individual will be assigned to a single private room or with same sex patient no more than 19 years of age.
    6. The parent/guardian will be informed of the admission to the adult unit, if the patient is not emancipated.
H. Per DBHDS guidelines, an 18-year-old must room with a peer who is 16 years of age or older.

Exclusionary Criteria may include:

A. Extensive criminal histories, e.g., arson, assault, sexual assault, detention resulting from other serious crimes

B. In custody of the criminal justice system/detention

C. History of serious assault against treatment staff, police or other authority figures which may exceed capability to safely care for patient

E. Severe intellectual disabilities (those unable to communicate, perform self-care activities, or participate in program activities).

F. Although having an autism spectrum disorder is not exclusionary criteria, the ability to care for a child with ASD will be based on level of functioning.

G. Primary substance abuse disorder

HI. Medically complicated patients with the following issues:

*PEG tubes,
*Oxygen
*dialysis patients or those requiring telemetry monitoring
*total care patients requiring two-person assist or lift (self-catheterization is acceptable).
*patients requiring specialized wound care, wound VAC
*contagious infections (scabies, lice, bed bugs) depend on the ability to provide a private room.
*active C-diff, or any patient on isolation precautions.
*patients on CPAP at night (not requiring oxygen) will be accepted if a private room and extra staff monitoring is available

III. Services provided:

A. A psychiatric evaluation will be completed within 24 hours of admission.

B. A History and Physical is required within 24 hours of admission.

C. A psychological evaluation may be ordered as needed.

D. Psycho-pharmacotherapy. Psycho-pharmacotherapy will be provided by the attending psychiatrist.

E. Other services may include psychiatric evaluations, nursing and medical evaluations, individual, group and family therapy, recreation therapy, psychopharmacology, milieu therapy, and pastoral counseling.

F. Model of Care: The child psychiatric unit practices using the Collaborative Problem Solving (CPS) framework which is an evidence-based approach for helping children with behavioral challenges. The CPS Institute was established in 2002 under the auspices of the Department of Psychiatry at Massachusetts General Hospital and under the direction of Dr. Ross Greene and Dr. Stuart Ablon. The CPS Institute sought to disseminate the CPS approach to understanding and helping challenging children and adolescents that was described originally by Dr. Greene in his book, *The Explosive Child*, and subsequently further developed and described for clinical populations in the book Dr. Greene and Dr. Ablon co-authored entitled, *Treating Explosive Kids: The Collaborative Problem-Solving Approach*. The CPS approach has since also been described in numerous co-authored journal articles and book chapters (www.thinkkids.org). Psycho-pharmacotherapy. Psycho-pharmacotherapy will be provided by the attending psychiatrist or psychiatric nurse practitioner.

G. Group Therapy. A variety of therapeutic groups are offered to patients in acute psychiatric programs. Each patient will be evaluated by various professionals and an individualized treatment plan will be developed which will include recommendations for the patient's participation in various groups. The groups are conducted by professionals representing various disciplines.

a. Psychotherapy Group. This group has a relational focus, asking participants to be able to identify a person or group of persons in their lives that they are willing to set as and "agenda" and are willing to talk about and receive feedback about from other group members. It encourages personal interaction among members and especially encourages feedback among peers regarding one's perceptions and personal experiences pertaining to peer interactions within the group setting.

b. Spirituality Group. This group gives the patient the opportunity to interact with the other patients and with the hospital chaplain in a comfortable and informal setting. Within this setting the patient is encouraged to ask questions and offer feedback about spirituality.

c. Cognitive Therapy Group and DBT Group. Cognitive group assists people in the

understanding of the relationship that exists between thoughts, feelings, and behaviors and helps them to identify their dysfunctional automatic thoughts and underlying beliefs. The group helps patients evaluate such thoughts and beliefs. In addition to this it assists patients in substituting more realistic, adaptive thoughts for the dysfunctional ones. Dialectical Therapy Group (DBT) combines elements of Cognitive Behavioral Therapy to help patients with regulating their emotions through distress tolerance and mindfulness.

d. Life Skills Group. This group focuses on gaining control over emotions and behavior by teaching people to become more aware of negative destructive thoughts which enter one's mind almost habitually. Patients are taught to control their thoughts to change the way they respond to certain situations.

e. Medication Group. This nurse-run group focuses on providing patients with information on why medications are prescribed, medication facts, how the medication should be taken, and medication compliance.

f. Relaxation Group. Relaxation group focuses on learning the skills necessary to learn effectively cope with stressful events, environments, and situations. This can include mediation and mindfulness exercises, as well as guided imagery, deep breathing, and progressive muscle relaxation.

G. Therapeutic Milieu. Psychiatric inpatient treatment is provided for patients who are unable to remain at home or in the community. The goal is to return patients to the community successfully. The Therapeutic Milieu provides a supportive and learning environment.

1. Milieu helps the patient resume a functional relationship with the environment.
2. Milieu provides controlled opportunities for problem solving.
3. Milieu provides activities based on individual patient conflicts, needs, interests, and skills.
4. Milieu allows healthy expression of feelings
5. Milieu allows patients to generalize behaviors learned in the hospital to situations outside the hospital
6. Milieu identifies and includes support systems in patients' treatment.

H. Treatment Plan. A multidisciplinary treatment team develops an individual treatment plan and monitors the patient's progress.

1. Treatment plan formulation is based on interviews, family history, referral sources, clinical observation, medical and psychological evaluations, laboratory tests, social history, physical exam and risk assessments.
2. Typically, each child participates in 2 family therapy sessions in a typical 5 day stay. Family therapy is integral part of the overall treatment plan because it's essential that the patient and his/her family sort out conflicts to achieve mutual understanding.

I. Ancillary services are provided as needed. Patients are always accompanied by Centra staff when leaving the unit for procedures; i.e., laboratory, radiology, etc.

IV. Discharge planning:

A. Discharge planning begins at admission to ensure the smoothest possible return to family, community, and school.

B. The goal of this acute inpatient admission is to return the patient to pre-crisis level of functioning.

C. The discharge process includes:

A. The hospital's criteria and reasons for initiating discharge.

B. The patient's diagnosis, treatment recommendations, and outstanding safety issues.

C. Risk factors for suicide and what steps to take if danger exists, such as ridding the home of firearms/other means of self-harm and creating a plan to monitor and support the patient.

D. The patient's prescribed medications including dosage, explanation of side effects, and process for obtaining refills, as applicable.

E. Available community resources including case management, support groups, and others.

F. The circumstances under which the patient or lay caregiver should seek immediate medical attention.

V. Staffing

A. Qualifications of staff: The staff consists of psychiatrists, nurses, case manager, family therapists, and associate mental health professionals.
B. All staff are required to have the appropriate licensure and certification as applicable.
C. All staff must achieve orientation and annual competencies.
D. All staff must complete required Centra training for safety and emergency response.
E. See job descriptions for specific details.
F. Contracted staff (physicians, nurses, music therapists) must be vetted through Human Resources/Medical Staffing Office and meet all the competencies and job requirements of in-house providers.
G. Utilization Review will be provided by case manager.

VI. Quality

A. Quality improvement requirements are met. This unit tracks the following quality indicators: seclusion, restraint, readmissions, Hospital Based Inpatient Psychiatric Services (HBIPS) measures, and patient satisfaction.

EQUIPMENT: None

FORMS: None

REFERENCES: None

INTERDISCIPLINARY REVIEW: Mental Health Leadership